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Certificate of Mailing

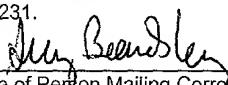
Date of Deposit August 21, 2001

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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Commissioner for Patents, Washington, D.C. 20231.

Guy Beardsley

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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	50094/003001
Applicant	LEVIN et al.
Title	MEDICAL DECISION SUPPORT SYSTEM AND METHOD
PRIORITY INFORMATION:	
This application claims priority from Israel Patent Application 138123 filed August 28, 2000.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicants claim small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	19 pages
Claims	3 pages
Abstract	1 page
Drawing	7 sheets
Combined Declaration and POA, which is:	4 pages
<input type="checkbox"/> Unsigned;	
<input checked="" type="checkbox"/> Newly signed for this application;	
<input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] disk
Small Entity Statement, which is:	[**] pages
<input type="checkbox"/> Unsigned;	
<input type="checkbox"/> Newly signed for this application;	

<input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	1 page
Assignee's Statement	2 pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1

FILING FEES:

Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 15 - 20 x \$9	\$0.00
Excess Independent Claims Fee: 2 - 3 x \$40	\$0.00
Multiple Dependent Claims Fee: \$135	\$0.00
Total Fees:	\$355.00

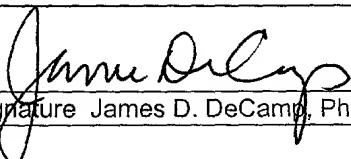
- Enclosed is a check for \$355.00 to cover the total fees.
- Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.
- The filing fee is not being paid at this time.
- Please apply any other charges, or any credits, to Deposit Account No. 03-2095.

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21 August 2001
 Date



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